

SAR CANINE TRAINING INTAKE FORM

HANDLER INFORMATION

Name:

Date:

Phone#:

Alternate Phone #:

Address:

City:

State:

ZIP Code:

Occupation:

Email:

Emergency Contact (Name and Phone #)

Typical work day:

DOG INFORMATION

Name:

Breed:

DOB:

Weight:

Sex:

Spayed or Neutered (Altered)

Yes or No

When:

Primary Veterinary Clinic and Phone:

Other health care provider and phone:

Describe any fears your dog has:

Is your dog reactive or aggressive: Yes or NO.

If Yes please explain in detail:

Current Health Care practices for your dog: (ex: supplements, acupuncture, chiropractic, and rehab)

Current Canine Work/Job/Sports your dog participates in:

SAR CANINE TRAINING

MEDICAL/HEALTH INFORMATION

CANINE INFORMATION

How long have you had your dog?	Where did you get the dog from?	
What food do you feed?		
How much and how often do you feed your dog?	Food allergies	
Supplements:	Herbs:	Medical Injections:

When was your dog's last check up?

Has your dog been cleared for a fitness program? Yes or NO.

Please List your dog's vaccine history (current and past vaccines with dates)

Vaccinations	Dates:

Current medications and medication history and if any medication allergies?
 (Please list all information you know about medicines your dog has been on or is currently on)

Medication	Dates	Medication Allergies

Please list any surgeries What was the surgery? When was it?

Surgery	Dates

Please list any previous injuries and treatments your dog has had: (please provide details on what was the injury, when did it occur and was it diagnosed by your vet?)

Injury	Dates	Diagnosed by Vet (Yes or No)

Please list any illnesses and treatments your dog has had: (please provide details on what was the injury, when did it occur and was it diagnosed by your vet?)

Illnesses	Dates	Diagnosed by Vet (Yes or No)

Are there any other health conditions I should be aware of?

SAR CANINE TRAINING BACKGROUND INFORMATION

TRAINING INFORMATION

What types of SAR Canine training is your focus (wilderness, trailing, tracking, and urban)?

How long have you been training in your SAR specialty with your dog?

Have you completed formal training in obedience, canine good citizen, AKC etc.?

Have you completed specific levels and or passed certifications in your SAR Canine specialty?

Please list temperament qualities of your dog: Include good and not so good traits:

List items that motivate your dog:

How do you reward your dog:

What is your training style? (ie. Marker/clicker, Toy Reward, Food Reward)

What equipment do you use to support your training? Check all that apply.

Collars:					
Clicker	Flat collar	Gentle Leader	Easy walk harness	Prong or correction collar	E-Collar
Leash:					
Flat 3-6'	Rope 3-6'	Flat long line	Extension Leash	Leather adjustable length	None

SAR CANINE TRAINING CONDITIONING PROGRAM

CURRENT FITNESS PRACTICES

Please list any flexibility or massage activities you currently do with your dog (List how long, often and what type of exercises)

Please list any balance or body awareness activities you currently do with your dog (List how long, often and what type of exercises)

Please list any strength training activities/exercises you do with your dog (List how long, often and what type of exercises)

Please list the current cardiovascular activities you do with your dog (List how long, often and what type of exercises)

Please how you warm up and cool down your dog?

Please list any sport specific training (list how long, often and what types of exercises)

Are there any exercises listed in the above sections that your dog struggles with? Please give detail

Have you noticed any changes in your dog's performance recently? Explain

Do you as the handler have any physical limitations? And how much time do you see available to work with your dog?

Please describe space and equipment available to practice and are you interested in purchasing any equipment?

Is your dog an indoor dog or outdoor dog? Do you crate or kennel your dog at home? If yes, for how long?

**SAR CANINE TRAINING
CONDITIONING PROGRAM**

GAIT ANALYSIS

SIT:

DOWN:

STAND:

WALKING:

TROTGING:

CRAWLING (on ground, tunnels, through objects):

CLIMIBING (objects, ladders, objects, rocks):

STRUCTURAL ANALYSIS

Head/ Neck:

Shoulder and Upper Arm:

Front Feet:

Topline:

Rear angulation:

Hind End:

Overall Balance:

Body Condition Score:

SAR CANINE TRAINING CONDITIONING PROGRAM

GOALS

Please describe your motivation and "why" for developing a SAR Canine Conditioning Program?

What resources will you need to achieve your goals?

What challenges you and your training objectives?

Short Term Goals (1-3 months):

- 1.
- 2.
- 3.
- 4.
- 5.

Long Term Goals (3-12 months):

- 1.
- 2.
- 3.
- 4.
- 5.

SUGGESTED AREAS OF FOCUS AND SCHEDULE:

CARDIO:

STRENGTH:

FLEXIBILITY:

BALANCE AND BODY AWARENESS: